

Item #	AZ Forms Produced (400-00-1020)
1	AZ 140
2	AZ Schedule A
3	AZ 301
4	AZ 310
5	AZ 321
6	AZ 322
7	AZ 323
8	AZ 8453
9	AZ Worksheet (Line 24 & 25) (Not Transmitted)

Item #	Changes to Federal Pats Test
1	Federal TP SSN to 400-00-7520
2	Federal SP SSN to 400-00-7590
3	City from Bethlehem to Tucson
4	State from KY to AZ
5	Zip Code from 40007 to 85701
6	County from null to Pima
7	Daytime Phone from null to 520-349-5959
8	Evening Phone from null to 520-524-4837
9	<b>Dependent information</b> SSN 400-55-3020 to 400-55-7560 SSN 400-55-4020 to 400-55-7561 SSN 400-55-5020 to 400-55-7562 SSN 400-55-6020 to 400-55-7563 SSN 900-93-7020 to 400-55-7564 SSN 400-55-8020 to 400-55-7570 (Age changed from 61 to 67) SSN 400-55-9020 to 400-55-7571 (Age changed from 59 to 65)  SSN 7570 and 7571 need daily assistance with dressing , bathing, and feeding.
10	<b>Current W2 #1</b> Box C = City, State, & Zip same as mailing address Box E = Same as mailing address Box 15 = KY to AZ
11	<b>Current W2 #2</b> Box C = City, State, & Zip same as mailing address Box E = Same as mailing address Box 15 = KY to AZ
12	<b>Add Preparer Information</b> Name = David Sanfilippo Firm = Pima Pawn Shop Address = 2nd Street City = Tucson State = AZ Zip = 85701 Phone = 520-524-2921 Self Employed = Yes SSN = 400-66-8712 EIN = 91-5552144
13	<b>Remove Federal Form 2106</b>
14	<b>AZ 140</b> Clean Elections Fund Tax Reduction checked ( Spouse) Adoption Expense Allowed amount \$3,000 (Other Subtractions)
15	<b>AZ 301</b> Only taking \$520 of \$900 Credit for Solar Energy devices
16	<b>AZ 310</b> 1. Street Address: 1209 Mount Pima City, State, Zip: Tuscon, AZ 85701 2. Cost of device: \$3,600
17	<b>AZ 321</b> Name: CFWP of Tuscon Contribution: \$200 Baseline year: 2003 Contributions deducted as itemized deduction: \$700
18	<b>AZ 322</b> Name: Tuscon Middle School Street Address: 39 Phillips Street City, State, Zip: Tuscon, AZ 85701 School District: Tucson Contribution: \$200
19	<b>AZ 323</b> Name: AZ School of the Gifted Street Address: 1300 Education Drive City, State, Zip: Tuscon, AZ 85701 Contribution: \$500

Or fiscal year beginning 2004 and ending

2005.

66

YOUR FIRST NAME AND INITIAL

LAST NAME

YOUR SOCIAL SECURITY NO.

1 TEST R DE LA HALO

400-00-7520

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

1 RUBY D MONDAY

400-00-7590

PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE

APT. NO.

DAYTIME PHONE: 520-349-5959

89

X

2 7 HEAVENS LN

94 HOME PHONE 520-524-4837

CITY, TOWN OR POST OFFICE

STATE

ZIP CODE

3 TUCSON, AZ 85701

FOR DOR USE ONLY

4 X Married filing joint return

5 Head of household - name of qualifying child or dependent:

6 Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶

88

7 Single

8 00 Age 65 or over (you and/or spouse)

81

80

9 00 Enter the number claimed. Do not put a check mark.

Blind (you and/or spouse)

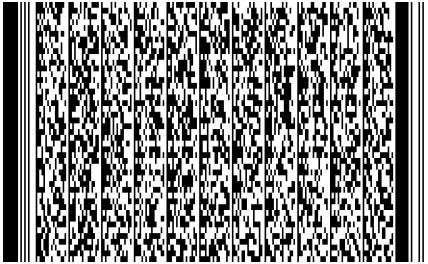
10 05 Dependents. From page 2, line A2 - do not include self or spouse.

82

CHECK ONE if filing under an extension:

4 month extension 82D ☐6 month extension 82F ☐

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



12 Federal adjusted gross income . . . . . 12 95,860 00

13 Additions to income (from page 2, line B13) . . . . . 13 2,074 00

14 Add lines 12 and 13 . . . . . 14 97,934 00

15 (This line not used.)

16 Subtractions. No. from line C27a: 16 1 36,574 00

17 Arizona AGI. Line 14 minus line 16 . . . . . 17 61,360 00

18 18 X ITEMIZED 18 S STANDARD 18 17,570 00

19 Personal exemptions . . . . . 19 6,300 00

20 AZ taxable inc. Line 17 minus lines 18 &amp; 19 . . . . . 20 37,490 00

21 Compute tax. Use line 20 &amp; proper tax table . . . . . 21 1,133 00

22 Tax from recapture of credits . . . . . 22 00

23 Subtotal of tax. Add lines 21 and 22 . . . . . 23 1,133 00

24 - 25 Clean Elections Fund Tax Reduction.

24 1 YOURSELF 24 2 X SPOUSE . . . . . 25 5 00

26 Reduced tax. Subtract line 25 from line 23 . . . . . 26 1,128 00

27 Family income tax credit from worksheet on page 14 of instructions . . . . . 27 00

28 Credits from Arizona Form 301, line 58, or Forms 310, 321, 322, and 323 if Form 301 is not required . . . . . 28 1,128 00

29 Credit type. Enter form number of each credit claimed: . . . . . 29 310 321 322 323

30 Clean Elections Fund Tax Credit. From worksheet on page 16 of the instructions . . . . . 30 00

31 Balance of tax. Subtract lines 27, 28 and 30 from line 26. If the sum of lines 27, 28 and 30 is more than line 26, enter zero . . . . . 31 0 00

32 Arizona income tax withheld during 2004 . . . . . 32 1,273 00

33 Arizona estimated tax payments for 2004 . . . . . 33 00

34 Amount paid with 2004 Arizona extension request (Form 204) . . . . . 34 00

35 Increased Excise Tax Credit from worksheet on page 17 of the instructions . . . . . 35 00

36 Property Tax Credit from Form 140PTC . . . . . 36 00

37 Other refundable credits. Check box(es) &amp; enter amount(s): 37 A1 329 37 A2 330 . . . . . 37 00

38 Total payments/refundable credits. Add lines 32 through 37. . . . . 38 1,273 00

39 TAX DUE. If line 31 is larger than line 38, subtract line 38 from line 31 and enter amount of tax due. Skip lines 40, 41 and 42 . . . . . 39 00

40 OVERPAYMENT. If line 38 is larger than line 31, subtract line 31 from line 38 and enter amount of overpayment. . . . . 40 1,273 00

41 Amount of line 40 to be applied to 2005 estimated tax . . . . . 41 00

42 Balance of overpayment. Subtract line 41 from line 40 . . . . . 42 1,273 00

43 - 50 Aid to Education (entire refund only) 43 00 Arizona Wildlife 44 00 Citizens Clean Elections 45 00

Child Abuse Prevention 46 00 Domestic Violence Shelter 47 00 Neighbors Helping Neighbors 48 00

Special Olympics 49 00 Political Gift 50 00

51 Check only one if making a political gift: 51 1 Democratic 51 2 Libertarian 51 3 Republican

52 Estimated payment penalty and MSA withdrawal penalty . . . . . 52 00

53 Check applicable boxes: 53 1 Annualized/Other 53 2 Farmer or Fisherman 53 3 Form 221 attached 53 4 MSA Penalty

54 Total of lines 43, 44, 45, 46, 47, 48, 49, 50 and 52 . . . . . 54 00

55 REFUND. Subtract line 54 from line 42. If less than zero, enter amount owed on line 56 . . . . . 55 1,273 00

Direct Deposit of Refund: See instructions.

ROUTING NUMBER

ACCOUNT NUMBER

C Checking or

S Savings

56 AMOUNT OWED. Add lines 39 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment. . . . . 56 00

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

NO. OF MONTHS  
LIVED IN YOUR  
HOME IN 2004

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	
SEE AZDE ATT PG 1			

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below.

• • • • • TOTAL

A2

5

A3

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

NO. OF MONTHS  
LIVED IN YOUR  
HOME IN 2004

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	
DAVID SAINT	400-55-7570	PARENT	00
MARY SAINT	400-55-7571	PARENT	00

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11.

• • • • • TOTAL

A5

2

PART B: Additions to Income

B6	Non-Arizona municipal interest	B6		00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return	B8		00
B9	Total federal depreciation	B9	2,074	00
B10	Medical savings account (MSA) distributions. See page 6 of the instructions	B10		00
B11	I.R.C. 179 expense in excess of allowable amount. See page 6 of the instructions	B11		00
B12	Other additions to income. See instructions and attach your own schedule	B12		00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13	B13	2,074	00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14		00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15		00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16	11,500	00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17	20,000	00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C29 and enter the amount on line C18 on Form 140, Page 1, line 16	C18	31,500	00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19		00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20		00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21		00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return	C22		00
C23	Recalculated Arizona depreciation	C23	2,074	00
C24	Certain wages of American Indians	C24		00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See pages 9 and 10 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 10 of the instructions. Enter number: C27a , then amount.	C27		00
C28	Other subtractions from income. See instructions and attach your own schedule	C28	3,000	00
C29	Total: Add lines C18 through C28. Enter here and on page 1 of this form, line 16	C29	36,574	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D30

PLEASE  
SIGN  
HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

11-11-2004

DATE

SPOUSE'S SIGNATURE

11-11-2004

DATE

PAID PREPARER'S SIGNATURE

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN

DATE

PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).

If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138. (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Attach to your return

NAME(S) AS SHOWN ON FORM 140	YOUR SOCIAL SECURITY NUMBER
TEST R DE LA HALO	400-00-7520
RUBY D MONDAY	SPOUSE'S SOCIAL SECURITY NUMBER
	400-00-7590

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the amount shown on the federal Schedule A. See instructions for details.

<b>Adjustment to Medical and Dental Expenses</b>	
1 Medical and dental expenses . . . . .	1 10,500 00
2 Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1 . . . . .	2 00
3 Medical expenses allowed to be taken as a federal itemized deduction . . . . .	3 3,310 00
4 Add line 2 and line 3, and enter the result . . . . .	4 3,310 00
5 If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6 . . . . .	5 7,190 00
6 If line 4 is more than line 1, subtract line 1 from line 4 . . . . .	6 00
<b>Adjustment to Interest Deduction</b>	
7 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2004 that is equal to the amount of your 2004 federal credit . . . . .	7 00
<b>Adjustment to Gambling Losses</b>	
8 Wagering losses allowed as a federal itemized deduction . . . . .	8 00
9 Total gambling winnings included in your federal adjusted gross income . . . . .	9 00
10 Authorized Arizona lottery subtraction from Form 140, page 2, line C21 . . . . .	10 00
11 Maximum allowable gambling loss deduction: Subtract line 10 from line 9 . . . . .	11 00
12 If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero" . . . . .	12 0 00
<b>Adjustment to Property Taxes</b>	
13 If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed . . . . .	13 00
<b>Adjustment to Charitable Contributions</b>	
14 Amount of charitable contributions for which you are taking a credit under Arizona law . . . . .	14 900 00
<b>Other Adjustments</b>	
15 Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax . . . . .	15 00
<b>Adjusted Itemized Deductions</b>	
16 Add the amounts on lines 5 and 7 . . . . .	16 7,190 00
17 Add the amounts on lines 6, 12, 13, 14 and 15 . . . . .	17 900 00
18 Total federal itemized deductions allowed to be taken on federal return . . . . .	18 11,280 00
19 Enter the amount from line 16 above . . . . .	19 7,190 00
20 Add lines 18 and 19 . . . . .	20 18,470 00
21 Enter the amount from line 17 above . . . . .	21 900 00
22 Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here and on Form 140, page 1, line 18 . . . . .	22 17,570 00

NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.

For the calendar year 2004, or

fiscal year beginning

and ending

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR or 140X

YOUR SOCIAL SECURITY NUMBER

400-00-7520

SPOUSE'S SOCIAL SECURITY NUMBER

400-00-7590

TEST R DE LA HALO &amp; RUBY D MONDAY

**Part I Nonrefundable Individual Tax Credits**

Enter total available tax credits.

1	Defense Contracting Credit from Form 302	1		00
2	Enterprise Zone Credit from Form 304	2		00
3	Environmental Technology Facility Credit from Form 305	3		00
4	Military Reuse Zone Credit from Form 306	4		00
5	Recycling Equipment Credit from Form 307	5		00
6	Credit for Increased Research Activities from Form 308-I	6		00
7	Credit for Taxes Paid to Another State or Country from Form 309	7		00
8	Credit for Solar Energy Devices from Form 310	8	900	00
9	Agricultural Water Conservation System Credit from Form 312	9		00
10	Carryover of Alternative Fuel Vehicle (AFV) Credit from Form 313	10		00
11	Underground Storage Tanks Credit from Form 314	11		00
12	Pollution Control Credit from Form 315	12		00
13	Construction Materials Credit from Form 316	13		00
14	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	14		00
15	Credit for Employment of TANF Recipients from Form 320	15		00
16	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	16	200	00
17	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	17	200	00
18	Credit for Contributions to School Tuition Organizations from Form 323	18	500	00
19	Agricultural Pollution Control Equipment Credit from Form 325	19		00
20	Carryover of Credit for Alternative Fuel Delivery Systems from Form 326	20		00
21	Carryover of Vehicle Refueling Apparatus Credit from Form 327	21		00
22	Neighborhood Electric Vehicle (NEV) Credit from Form 328	22		00
23	Credit for Donation of School Site from Form 331	23		00
24	Total Available Tax Credits: Add lines 1 through 23	24	1,800	00

**Part II Application of Tax Credits**

Enter tax, recapture tax, and tax credits claimed this taxable year.

25	Tax from Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 26	25	1,133	00
26	Clean Elections Fund Tax Reduction from Form 140, line 25; or Form 140PY, line 28; or Form 140NR, line 28; or Form 140X, line 29	26	5	00
27	Subtract line 26 from line 25	27	1,128	00
28	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part VI, line 34	28		00
29	Tax from recapture of Alternative Fuel Vehicle Credit from Form 313, Part VI, line 19	29		00
30	Tax from recapture of Neighborhood Electric Vehicle (NEV) Credit from Form 328, Part VIII, line 33	30		00
31	Recapture Total: Add lines 28 through 30. Enter here and on Form 140, line 22; or Form 140PY, line 25; or Form 140NR, line 25; or Form 140X, line 27	31		00
32	Subtotal: Add lines 27 and 31	32	1,128	00
33	Family Income Tax Credit from Form 140, line 27; or Form 140PY, line 30; or Form 140X, line 31	33		00
34	Subtract line 33 from line 32	34	1,128	00

Continued on page 2 ►

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I.

35	Defense Contracting Credit from Form 302	35		00
36	Enterprise Zone Credit from Form 304	36		00
37	Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 32)	37		00
38	Military Reuse Zone Credit from Form 306	38		00
39	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 32 or \$5,000)	39		00
40	Credit for Increased Research Activities from Form 308-I	40		00
41	Credit for Taxes Paid to Another State or Country from Form 309	41		00
42	Credit for Solar Energy Devices from Form 310	42	520	00
43	Agricultural Water Conservation System Credit from Form 312	43		00
44	Carryover of Alternative Fuel Vehicle (AFV) Credit from Form 313	44		00
45	Underground Storage Tanks Credit from Form 314	45		00
46	Pollution Control Credit from Form 315	46		00
47	Construction Materials Credit from Form 316	47		00
48	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	48		00
49	Credit for Employment of TANF Recipients from Form 320	49		00
50	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	50	200	00
51	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	51	200	00
52	Credit for Contributions to School Tuition Organizations from Form 323	52	208	00
53	Agricultural Pollution Control Equipment Credit from Form 325	53		00
54	Carryover of Credit for Alternative Fuel Delivery Systems from Form 326	54		00
55	Carryover of Vehicle Refueling Apparatus Credit from Form 327	55		00
56	Credit for Neighborhood Electric Vehicle (NEV) from Form 328	56		00
57	Credit for Donation of School Site from Form 331	57		00
58	Total Tax Credits Claimed: Add lines 35 through 57. Total cannot be more than line 34. Enter this amount on Form 140, line 28; or Form 140PY, line 31; or Form 140NR, line 30; or Form 140X, line 32	58	1,128	00

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

310

For the calendar year 2004, or

fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY OR 140X

YOUR SOCIAL SECURITY NO.

400-00-7520

SPOUSE'S SOCIAL SECURITY NO.

400-00-7590

TEST R DE LA HALO &amp; RUBY D MONDAY

## Part I Current Year's Credit

- 1 Address of residence where you installed the solar energy device for which you are claiming the credit: **1209 MOUNT PIMA TUCSON, AZ 85701**

2	Cost of the solar energy device installed during the current taxable year at the residence listed on line 1	2	3,600	00
3	Multiply the amount on line 2 by 25% (.25)	3	900	00
4	Enter the smaller of line 3 or \$1,000	4	900	00
5	Enter the amount of credit from prior taxable years (1995 through 2003) for other solar energy devices installed at the residence listed on line 1	5		00
6	Add line 4 and line 5	6	900	00
7	Enter the smaller of line 6 or \$1,000	7	900	00
8	Subtract line 5 from line 7	8	900	00
9	Current year's credit: Enter the smaller of line 4 or line 8	9	900	00

## Part II Carryover from Prior Taxable Years

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
10	1999	\$	\$	\$
11	2000	\$	\$	\$
12	2001	\$	\$	\$
13	2002	\$	\$	\$
14	2003	\$	\$	\$
15	TOTAL AVAILABLE CARRYOVER			\$

## Part III Calculation of Available Credit for the Current Year

16	Current year's credit: Enter the amount from Part I, line 9	16	900	00
17	Enter the amount of available carryover from Part II, line 15	17		00
18	Total Available Credit: Add line 16 and line 17, and enter the total here. See page 2 of the instructions	18	900	00

# Credit for Contributions to Charities That Provide Assistance to the Working Poor

2004

For the calendar year 2004, or fiscal year beginning _____ and ending _____.
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**Attach to your return**

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

YOUR SOCIAL SECURITY NO.

**400-00-7520**

SPOUSE'S SOCIAL SECURITY NO.

**400-00-7590****TEST R DE LA HALO & RUBY D MONDAY****Part I Current Year's Credit****1a** Name of qualifying charity to which you made contributions:CFWP OF TUCSONAmount contributed to organization named on line 1a . . . . . **1a** 200 00**1b** Name of qualifying charity to which you made contributions:Amount contributed to organization named on line 1b . . . . . **1b**  00

NOTE: If you made contributions to more than two qualifying charities, attach a separate schedule.

<b>1c</b> Total: Add lines 1a and 1b. Also, add any amount included on a separate schedule . . . . .	<b>1c</b>	200	00
<b>2</b> Potential credit: enter the lesser of line 1c or \$200 . . . . .	<b>2</b>	200	00
<b>3</b> Total contributions allowable as an itemized deduction for 2004 . . . . .	<b>3</b>	2,000	00
<b>4</b> Baseline year: <u>2003</u>			
<b>5</b> Total contributions deducted as an itemized deduction on your Arizona return for the baseline year listed on line 4 . . . . .	<b>5</b>	700	00
<b>6</b> Subtract line 5 from line 3. If line 5 is greater than line 3, no credit is available . . . . .	<b>6</b>	1,300	00
<b>7</b> Current year's credit: Enter the lesser of line 2 or line 6 . . . . .	<b>7</b>	200	00

**Part II Available Credit Carryover**

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
8	1999	\$	\$	\$
9	2000	\$	\$	\$
10	2001	\$	\$	\$
11	2002	\$	\$	\$
12	2003	\$	\$	\$
13	TOTAL AVAILABLE CARRYOVER:			\$

**Part III Total Available Credit**

<b>14</b> Current year's credit: Enter the amount from Part I, line 7 . . . . .	<b>14</b>	200	00
<b>15</b> Enter the amount of available carryover from Part II, line 13, column (d) . . . . .	<b>15</b>		00
<b>16</b> Total Available Credit: Add line 14 and line 15, and enter the total here. See page 2 of the instructions . . . . .	<b>16</b>	200	00



For the calendar year 2004, or

fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	YOUR SOCIAL SECURITY NO.
<b>TEST R DE LA HALO &amp; RUBY D MONDAY</b>	<b>400-00-7520</b>
	SPOUSE'S SOCIAL SECURITY NO.
	<b>400-00-7590</b>

Current Year's Credit

1a Contributions made or qualifying fees paid to:

Name of public school located in Arizona: **TUCSON MIDDLE SCHOOL**

Address of school: **39 PHILLIPS STREET**

**TUCSON, AZ 85701**

School district in which school is located: **TUCSON**

Amount of contributions made or fees paid to school named on line 1a . . . . .

1a20000

1b Contributions made or qualifying fees paid to:

Name of public school located in Arizona: \_\_\_\_\_

Address of school: \_\_\_\_\_

\_\_\_\_\_

School district in which school is located: \_\_\_\_\_

Amount of contributions made or fees paid to school named on line 1b . . . . .

1b\_\_\_\_\_00

If you made contributions or paid qualifying fees to more than 2 schools, attach a separate schedule.

1c Total contributions made and fees paid to public schools in Arizona during 2004 . . . . .	1c	200	00
2 Single taxpayers or heads of household, enter \$200 here. Married taxpayers enter \$250 here. . . . .	2	250	00
3 Current year's credit: enter the smaller of line 1c or line 2. If you are married filing a separate return, enter one-half of the smaller of line 1c or line 2 . . . . .	3	200	00

Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b)
4	1999	\$	\$	\$
5	2000	\$	\$	\$
6	2001	\$	\$	\$
7	2002	\$	\$	\$
8	2003	\$	\$	\$
9	TOTAL AVAILABLE CARRYOVER			\$

Total Available Credit

10 Current year's credit: Enter the amount from line 3 . . . . .	10	200	00
11 Available credit carryover from line 9, column (d) . . . . .	11		00
12 Total available credit. Add line 10 and line 11. Enter the total here and see the instructions. . . . .	12	200	00

For the calendar year 2004, or	
fiscal year beginning _____	and ending _____

## Attach to your return

NOTE: Do not use this form for contributions or amounts paid to a public school. See Form 322 for contributions or amounts paid to public schools.

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

YOUR SOCIAL SECURITY NO.

400-00-7520

SPOUSE'S SOCIAL SECURITY NO.

400-00-7590

TEST R DE LA HALO &amp; RUBY D MONDAY

## Current Year's Credit

## 1a Qualifying contributions made to:

Name of school tuition organization: AZ SCHOOL OF THE GIFTED

Address of school tuition organization: 1300 EDUCATION DRIVE

TUCSON, AZ 85701

Amount of contributions made to school tuition organization named on line 1a . . . . . 1a 500 00

## 1b Qualifying contributions made to:

Name of school tuition organization: \_\_\_\_\_

Address of school tuition organization: \_\_\_\_\_

Amount of contributions made to school tuition organization named on line 1b . . . . . 1b 00

If you made contributions to more than 2 school tuition organizations, attach a separate schedule.

1c	Total contributions made to school tuition organizations during 2004 . . . . .	1c	500	00
2	Single taxpayers or heads of household, enter \$500 here. Married taxpayers enter \$625 here. . . . .	2	625	00
3	Current year's credit: enter the smaller of line 1c or line 2. If you are married filing a separate return, enter one-half of the smaller of line 1c or line 2 . . . . .	3	500	00

## Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
4	1999	\$	\$	\$
5	2000	\$	\$	\$
6	2001	\$	\$	\$
7	2002	\$	\$	\$
8	2003	\$	\$	\$
9	TOTAL AVAILABLE CARRYOVER:			\$

## Total Available Credit

10	Current year's credit: enter the amount from line 3 . . . . .	10	500	00
11	Available credit carryover from line 9, column (d) . . . . .	11		00
12	Total available credit. Add line 10 and line 11. Enter the total here and see the instructions . . . . .	12	500	00

## Arizona Statement -- 01

### A1 List children and other dependents related to you.

	Name	Social Security Number	Relationship	Months
1.	ANGELA DE LA HALO	400-55-7560	DAUGHTER	12
2.	GABRIEL DE LA HAL	400-55-7561	SON	12
3.	MICHAEL MONDAY	400-55-7562	SON	12
4.	LUCKY MONDAY	400-55-7563	DAUGHTER	12
5.	ARCHIBALD DE LA H	400-55-7564	SON	12
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				





For the year Jan. 1-Dec. 31, 2004, or other tax year beginning

, 2004, ending

, 20

OMB. No. 1545-0074

## Label

(See instructions on page 16.)

## Use the IRS label.

Otherwise, please print or type.

L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

Last name

TEST R

DE LA HALO

If a joint return, spouse's first name and initial

Last name

RUBY D

MONDAY

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

7 HEAVENS LN

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

TUCSON

AZ 85701

Your social security number

400-00-7520

Spouse's social security number

400-00-7590

**Important!**You **must** enter your SSN(s) above.

## Presidential

## Election Campaign

(See page 16.)

**Note.** Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . . .

You

Spouse

☐ Yes ☒ No☐ Yes ☒ No

## Filing Status

Check only one box.

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full

name here. ▶

4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.5 ☐ Qualifying widow(er) with dependent child (see page 17)

## Exemptions

6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .Boxes checked on 6a and 6b **2**b ☒ Spouse . . . . .

No. of children on 6c who:

c Dependents:

(1) First name Last name

STATEMENT # 1

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if qualifying child for child tax credit (see pg 18)

● lived with you **5**  
● did not live with you due to divorce or separation (see page 18)Dependents on 6c not entered above **2**Add numbers on lines above **9**

d Total number of exemptions claimed . . . . .

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 **80,900**

8 a Taxable interest. Attach Schedule B if required . . . . .

8 a

b Tax-exempt interest. Do not include on line 8a . . . . .

8 b

9 a Ordinary dividends. Attach Schedule B if required . . . . .

9 a

b Qualified dividends (see page 20) . . . . .

9 b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) . . . . .

10

11 Alimony received . . . . .

11

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

12 **12,161**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ . . . . .

13

14 Other gains or (losses). Attach Form 4797 . . . . .

14

15 a IRA distributions . . . . .

15 a

b Taxable amount (see page 22)

15 b

16 a Pensions and annuities . . . . .

16 a

b Taxable amount (see page 22)

16 b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .

17 **1,200**

18 Farm income or (loss). Attach Schedule F . . . . .

18

19 Unemployment compensation . . . . .

19 **2,670**

20 a Social security benefits . . . . .

20 a

b Taxable amount (see page 24)

20 b

21 Other income. . . . .

21

22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** . . ▶22 **96,931**

## Adjusted Gross Income

23 Educator expenses (see page 26) . . . . .

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .

24

25 IRA deduction (see page 26) . . . . .

25

26 Student loan interest deduction (see page 28) . . . . .

26

27 Tuition and fees deduction (see page 29) . . . . .

27

28 Health savings account deduction. Attach Form 8889 . . . . .

28

29 Moving expenses. Attach Form 3903 . . . . .

29

263

30 One-half of self-employment tax. Attach Schedule SE . . . . .

30

808

31 Self-employed health insurance deduction (see page 30) . . . . .

31

32 Self-employed SEP, SIMPLE, and qualified plans . . . . .

32

33 Penalty on early withdrawal of savings . . . . .

33

34 a Alimony paid b Recipient's SSN ▶

34 a

35 Add lines 23 through 34a . . . . .

35 **1,071**36 Subtract line 35 from line 22. This is your **adjusted gross income** . . . . . ▶36 **95,860**



**SCHEDULES A&B**  
**(Form 1040)**

**Schedule A - Itemized Deductions**

OMB No. 1545-0074

**2004**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A and B (Form 1040).**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**TEST R DE LA HALO & RUBY D MONDAY**

**400-00-7520**

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2) . . . . .	1	10,500		
2	Enter amount from Form 1040, line 37 <b>2</b> 95,860				
3	Multiply line 2 by 7.5% (.075) . . . . .	3	7,190		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4			3,310
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
	<b>a</b> <input checked="" type="checkbox"/> Income taxes, or <input type="checkbox"/> General sales taxes (see page A-2) ▶ . . . . .	5	1,273		
	<b>b</b> <input type="checkbox"/> General sales taxes (see page A-2) ▶ . . . . .				
6	Real estate taxes (see page A-3) . . . . .	6	97		
7	Personal property taxes . . . . .	7	186		
8	Other taxes. List type and amount ▶ . . . . .	8			
9	Add lines 5 through 8 . . . . .	9			1,556
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098 . . . . .</b>		10	3,500
	<b>11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-4 and show that person's name, identifying no., and address ▶</b>	11			
		12			
	<b>Note.</b> Personal interest is not deductible.	13			
12	Points not reported to you on Form 1098. See page A-4 for special rules . . . . .	12			
13	Investment interest. Attach Form 4952 if required. (See page A-4.) . . . . .	13			
14	Add lines 10 through 13 . . . . .	14			3,500
<b>Gifts to Charity</b>		<b>15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 . . . . .</b>		15	2,000
	<b>16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500 . . . . .</b>	16			
	<b>17 Carryover from prior year . . . . .</b>	17			
18	Add lines 15 through 17 . . . . .	18			2,000
<b>Casualty and Theft Losses</b>		<b>19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.) . . . . .</b>		19	914
<b>Job Expenses and Most Other Miscellaneous Deductions</b>		<b>20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.) ▶</b>		20	
	<b>21 Tax preparation fees . . . . .</b>	21	150		
	<b>22 Other expenses - investment, safe deposit box, etc. List type and amount ▶</b>	22			
		23	150		
23	Add lines 20 through 22 . . . . .	23			
24	Enter amount from Form 1040, line 37 <b>24</b> 95,860	24			
25	Multiply line 24 by 2% (.02) . . . . .	25	1,917		
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- . . . . .	26			0
<b>Other Miscellaneous Deductions</b>		<b>27 Other - from list on page A-6. List type and amount ▶</b>		27	
<b>Total Itemized Deductions</b>		<b>28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if married filing separately)?</b>		28	11,280
	<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39. ▶ . . . . ▶				
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See page A-6 for the amount to enter.				



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.  
► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

**2004**

Attachment  
Sequence No. **09**

Name of proprietor <b>TEST R DE LA HALO</b>		Social security number (SSN) <b>400-00-7520</b>
A Principal business or profession, including product or service (see page C-2 of the instructions) <b>LAWN SERVICES</b>		B Enter code from pages C-7, 8, & 9 <b>561730</b>
C Business name. If no separate business name, leave blank. <b>HALO LAWN SERVICES</b>		D Employer ID number (EIN), if any
E Business address (including suite or room no.) ► <b>12 GREENWAY LN</b> City, town or post office, state, and ZIP code <b>LOS ANGELES CA 90075</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2004? If "No," see page C-3 for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2004, check here . . . . . ► <input type="checkbox"/>		

**Part I Income**

1 Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here . . . . . ► <input type="checkbox"/>	1	<b>16,780</b>
2 Returns and allowances . . . . .	2	
3 Subtract line 2 from line 1 . . . . .	3	<b>16,780</b>
4 Cost of goods sold (from line 42 on page 2) . . . . .	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	5	<b>16,780</b>
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) . . . . .	6	
7 <b>Gross income.</b> Add lines 5 and 6 . . . . . ►	7	<b>16,780</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8 Advertising . . . . .	8		19 Pension and profit-sharing plans	19	
9 Car and truck expenses (see page C-3) . . . . .	9		20 Rent or lease (see page C-5):		
10 Commissions and fees . . . . .	10		a Vehicles, machinery, and equipment . . . . .	20a	
11 Contract labor (see page C-4) . . . . .	11		b Other business property . . . . .	20b	
12 Depletion . . . . .	12		21 Repairs and maintenance . . . . .	21	<b>1,502</b>
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4) . . . . .	13		22 Supplies (not included in Part III) . . . . .	22	<b>1,800</b>
14 Employee benefit programs (other than on line 19) . . . . .	14		23 Taxes and licenses . . . . .	23	
15 Insurance (other than health) . . . . .	15	<b>2,216</b>	24 Travel, meals, and entertainment:		
16 Interest:			a Travel . . . . .	24a	
a Mortgage (paid to banks, etc.) . . . . .	16a		b Meals and entertainment		
b Other . . . . .	16b		c Enter nondeductible amount included on line 24b (see page C-5) . . . . .		
17 Legal and professional services . . . . .	17		d Subtract line 24c from line 24b . . . . .	24d	
18 Office expense . . . . .	18		25 Utilities . . . . .	25	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns . . . . . ►			26 Wages (less employment credits) . . . . .	26	
			27 Other expenses (from line 48 on page 2) . . . . .	27	
29 Tentative profit (loss). Subtract line 28 from line 7 . . . . .			28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns . . . . . ►	28	<b>5,518</b>
30 Expenses for business use of your home. Attach <b>Form 8829</b> . . . . .				29	<b>11,262</b>
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.				30	
• If a profit, enter on <b>Form 1040, line 12</b> , and <b>also</b> on <b>Schedule SE, line 2</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.				31	<b>11,262</b>
• If a loss, you <b>must</b> go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see page C-6).					
• If you checked 32a, enter the loss on <b>Form 1040, line 12</b> , and <b>also</b> on <b>Schedule SE, line 2</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.				32a <input type="checkbox"/>	All investment is at risk.
• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> .				32b <input type="checkbox"/>	Some investment is not at risk.

**SCHEDULE C-EZ  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

Name of proprietor

**RUBY D MONDAY**

**Net Profit From Business**

(Sole Proprietorship)

► **Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.**

► **Attach to Form 1040 or 1041.** ► **See instructions.**

OMB No. 1545-0074

**2004**

Attachment  
Sequence No. **09A**

Social security number (SSN)

**400-00-7590**

**Part I** General Information

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as a sole proprietor.

**And You:**

- Had no employees during the year.
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C-4 to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

**A** Principal business or profession, including product or service

**ANIMAL TRAINING**

**C** Business name. If no separate business name, leave blank.

**RUBYS RULES**

**E** Business address (including suite or room no.). Address not required if same as on Form 1040, page 1.

**B** Enter code from pages C-7, 8, & 9

► **812910**

**D** Employer ID number (EIN), if any

City, town or post office, state, and ZIP code

**Part II** Figure Your Net Profit

<b>1</b>	<b>Gross receipts. Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <b>Statutory Employees</b> in the instructions for Schedule C, line 1, on page C-3 and check here . . . . .	<input type="checkbox"/>	<b>1</b>	<b>1,667</b>
<b>2</b>	<b>Total expenses</b> (see instructions). If more than \$5,000, you <b>must</b> use Schedule C . . . . .		<b>2</b>	<b>768</b>
<b>3</b>	<b>Net profit.</b> Subtract line 2 from line 1. If less than zero, you <b>must</b> use Schedule C. Enter on <b>Form 1040, line 12</b> , and <b>also</b> on <b>Schedule SE, line 2</b> . (Statutory employees <b>do not</b> report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.) . . . . .		<b>3</b>	<b>899</b>

**Part III** Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (year, month, day) ► **2004-01-25**
- 5** Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your vehicle for:
- a** Business **860** **b** Commuting **200** **c** Other **16,700**
- 6** Do you (or your spouse) have another vehicle available for personal use? . . . . . ☒ **Yes** ☐ **No**
- 7** Was your vehicle available for personal use during off-duty hours? . . . . . ☒ **Yes** ☐ **No**
- 8 a** Do you have evidence to support your deduction? . . . . . ☒ **Yes** ☐ **No**
- b** If "Yes," is the evidence written? . . . . . ☒ **Yes** ☐ **No**

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule C-EZ (Form 1040) 2004

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

**TEST R DE LA HALO & RUBY D MONDAY**

Your social security number

**400-00-7520****Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check column **(e)** on line 28 and attach **Form 6198**. See page E-1.**27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No

If you answered "Yes," see page E-6 before completing this section.

<b>28</b>	<b>(a)</b> Name	<b>(b)</b> Enter <b>P</b> for partnership; <b>S</b> for S corporation	<b>(c)</b> Check if foreign partnership	<b>(d)</b> Employer identification number	<b>(e)</b> Check if any amount is not at risk
<b>A</b>	<b>TREES, INC</b>	<b>S</b>		<b>56-1823899</b>	
<b>B</b>					
<b>C</b>					
<b>D</b>					

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>		
<b>(f)</b> Passive loss allowed (attach <b>Form 8582</b> if required)	<b>(g)</b> Passive income from <b>Schedule K-1</b>	<b>(h)</b> Nonpassive loss from <b>Schedule K-1</b>	<b>(i)</b> Section 179 expense deduction from <b>Form 4562</b>	<b>(j)</b> Nonpassive income from <b>Schedule K-1</b>
<b>A</b>	<b>1,200</b>			
<b>B</b>				
<b>C</b>				
<b>D</b>				
<b>29 a</b> Totals	<b>1,200</b>			
<b>b</b> Totals				
<b>30</b> Add columns (g) and (j) of line 29a			<b>30</b>	<b>1,200</b>
<b>31</b> Add columns (f), (h), and (i) of line 29b			<b>31</b>	<b>( )</b>
<b>32</b> <b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			<b>32</b>	<b>1,200</b>

**Part III Income or Loss From Estates and Trusts**

<b>33</b>		<b>(a)</b> Name		<b>(b)</b> Employer identification number	
<b>A</b>					
<b>B</b>					
<b>Passive Income and Loss</b>				<b>Nonpassive Income and Loss</b>	
<b>(c)</b> Passive deduction or loss allowed (attach <b>Form 8582</b> if required)		<b>(d)</b> Passive income from <b>Schedule K-1</b>		<b>(e)</b> Deduction or loss from <b>Schedule K-1</b>	
<b>(f)</b> Other income from <b>Schedule K-1</b>					
<b>A</b>					
<b>B</b>					
<b>34 a</b> Totals					
<b>b</b> Totals					
<b>35</b> Add columns (d) and (f) of line 34a				<b>35</b>	
<b>36</b> Add columns (c) and (e) of line 34b				<b>36</b> (	
<b>37</b> <b>Total estate and trust income or (loss).</b> Combine lines 35 and 36. Enter the result here and include in the total on line 41 below				<b>37</b>	

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) -- Residual Holder**

<b>38</b>	<b>(a)</b> Name	<b>(b)</b> Employer identification number	<b>(c)</b> Excess inclusion from <b>Schedules Q</b> , line 2c (see page E-6)	<b>(d)</b> Taxable income (net loss) from <b>Schedules Q</b> , line 1b	<b>(e)</b> Income from <b>Schedules Q</b> , line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				<b>39</b>

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from <b>Form 4835</b> . Also, complete line 42 below	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17	<b>41</b>	<b>1,200</b>
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your <b>gross</b> farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code N; and Schedule K-1 (Form 1041), line 14 (see page E-6)	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	<b>43</b>	

SCHEDULE SE  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

Self-Employment Tax

▶ Attach to Form 1040. ▶ See Instructions for Schedule SE (Form 1040).

OMB No. 1545-0074

2004

Attachment  
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)

TEST R DE LA HALO

Social security number of person  
with self-employment income ▶

400-00-7520

Who Must File Schedule SE

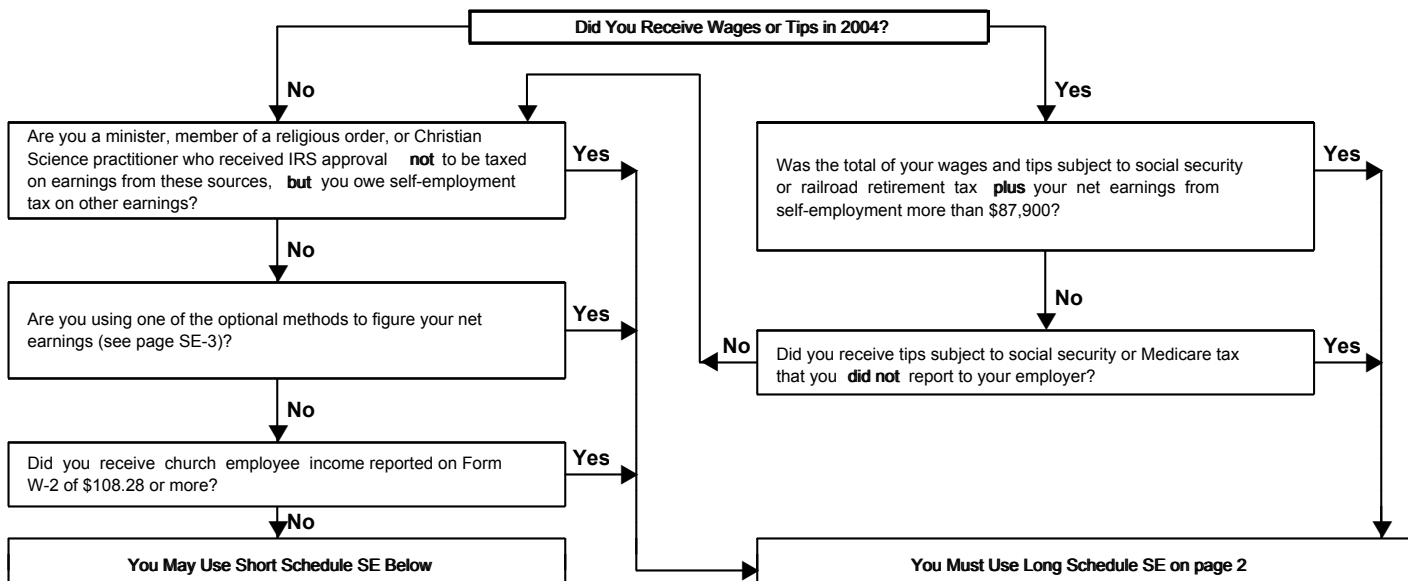
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see page SE-1).

**Note:** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 57.

May I Use Short Schedule SE or Must I Use Long Schedule SE?



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report . . . . .	2	11,262
3	Combine lines 1 and 2 . . . . .	3	11,262
4	<b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, <b>do not</b> file this schedule; you do not owe self-employment tax . . . . . ▶	4	10,400
5	<b>Self-employment tax.</b> If the amount on line 4 is: • \$87,900 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 57.</b> • More than \$87,900, multiply line 4 by 2.9% (.029). Then, add \$10,899.60 to the result. Enter the total here and on <b>Form 1040, line 57.</b>	5	1,591
6	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.5). Enter the result here and on <b>Form 1040, line 30</b> . . . . .	6	796

Name of person with **self-employment** income (as shown on Form 1040)Social security number of person  
with **self-employment** income ▶

RUBY D MONDAY

400-00-7590

**Section B—Long Schedule SE****Part I Self-Employment Tax**

**Note.** If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . . ☐

<b>1</b> Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note.</b> Skip this line if you use the farm optional method (see page SE-4) . . . . .	<b>1</b>	
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. <b>Note.</b> Skip this line if you use the nonfarm optional method (see page SE-4) . . . . .	<b>2</b>	899
<b>3</b> Combine lines 1 and 2 . . . . .	<b>3</b>	899
<b>4 a</b> If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 . . . . .	<b>4a</b>	830
<b>b</b> If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . .	<b>4b</b>	
<b>c</b> Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you do not owe self-employment tax. <b>Exception.</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue . . . . . ▶	<b>4c</b>	830
<b>5 a</b> Enter your <b>church employee income</b> from Form W-2. See page SE-1 for definition of church employee income . . . . .	<b>5a</b>	
<b>b</b> Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- . . . . .	<b>5b</b>	
<b>6</b> <b>Net earnings from self-employment.</b> Add lines 4c and 5b . . . . .	<b>6</b>	830
<b>7</b> Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2004 . . . . .	<b>7</b>	87,900.00
<b>8 a</b> Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$87,900 or more, skip lines 8b through 10, and go to line 11 . . . . .	<b>8a</b>	91,100
<b>b</b> Unreported tips subject to social security tax (from Form 4137, line 9) . . . . .	<b>8b</b>	
<b>c</b> Add lines 8a and 8b . . . . .	<b>8c</b>	
<b>9</b> Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . ▶	<b>9</b>	0
<b>10</b> Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (.124) . . . . .	<b>10</b>	
<b>11</b> Multiply line 6 by 2.9% (.029) . . . . .	<b>11</b>	24
<b>12</b> <b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Form 1040, line 57</b> . . . . .	<b>12</b>	24
<b>13</b> <b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (.5). Enter the result here and on <b>Form 1040, line 30</b> . . . . .	<b>13</b>	12

**Part II Optional Methods To Figure Net Earnings**(see page SE-3)

**Farm Optional Method.** You may use this method **only** if (a) your gross farm income <sup>1</sup>was not more than \$2,400, or (b) your net farm profits <sup>2</sup>were less than \$1,733.

<b>14</b> Maximum income for optional methods . . . . .	<b>14</b>	1,600.00
<b>15</b> Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income (not less than zero) or \$1,600. Also include this amount on line 4b above . . . . .	<b>15</b>	

**Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits <sup>3</sup>were less than \$1,733 and also less than 72.189% of your gross nonfarm income <sup>4</sup>and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.

**Caution.** You may use this method no more than five times.

<b>16</b> Subtract line 15 from line 14 . . . . .	<b>16</b>	
<b>17</b> Enter the <b>smaller</b> of: two-thirds (2/3) of gross nonfarm income (not less than zero) or the amount on line 16. Also include this amount on line 4b above . . . . .	<b>17</b>	

<sup>1</sup>From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

<sup>3</sup>From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9.

<sup>2</sup>From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup>From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9.

## Casualties and Thefts

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

▶ Use a separate Form 4684 for each casualty or theft.

2004

Attachment  
Sequence No. 26

Name(s) shown on tax return

TEST R DE LA HALO &amp; RUBY D MONDAY

Identifying number

400-00-7520

**SECTION A - Personal Use Property** (Use this section to report casualties and thefts of property **not** used in a trade or business or for income-producing purposes.)

- 1 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

Property A JEWELRY 7 HEAVENS LN 2001-12-24

Property B

Property C

Property D

		Properties			
		A	B	C	D
2	Cost or other basis of each property	2	14,000		
3	Insurance or other reimbursement (whether or not you filed a claim) (see instructions)	3	3,400		
<b>Note:</b> If line 2 is <b>more</b> than line 3, skip line 4.					
4	Gain from casualty or theft. If line 3 is <b>more</b> than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year . . . . .	4			
5	Fair market value <b>before</b> casualty or theft . . . . .	5	14,800		
6	Fair market value <b>after</b> casualty or theft . . . . .	6			
7	Subtract line 6 from line 5 . . . . .	7	14,800		
8	Enter the <b>smaller</b> of line 2 or line 7	8	14,000		
9	Subtract line 3 from line 8. If zero or less, enter -0- . . . . .	9	10,600		
10	Casualty or theft loss. Add the amounts on line 9 in columns A through D . . . . .	10			10,600
11	Enter the <b>smaller</b> of line 10 or \$100 . . . . .	11			100
12	Subtract line 11 from line 10 . . . . .	12			10,500
<b>Caution:</b> Use only one Form 4684 for lines 13 through 18.					
13	Add the amounts on line 12 of all Forms 4684 . . . . .	13			10,500
14	Add the amounts on line 4 of all Forms 4684 . . . . .	14			
15	<ul style="list-style-type: none"> <li>● If line 14 is <b>more</b> than line 13, enter the difference here and on Schedule D. <b>Do not</b> complete the rest of this section (see instructions).</li> <li>● If line 14 is <b>less</b> than line 13, enter -0- here and go to line 16.</li> <li>● If line 14 is <b>equal</b> to line 13, enter -0- here. <b>Do not</b> complete the rest of this section.</li> </ul>	15			
16	If line 14 is <b>less</b> than line 13, enter the difference . . . . .	16			10,500
17	Enter 10% of your adjusted gross income from Form 1040, line 37. Estates and trusts, see instructions . . .	17			9,586
18	Subtract line 17 from line 16. If zero or less, enter -0-. Also enter the result on Schedule A (Form 1040), line 19. Estates and trusts, enter the result on the "Other deductions" line of your tax return . . . . .	18			914

## Alternative Minimum Tax - Individuals

OMB No. 1545-0227

▶ See separate instructions.

2004

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

Attachment  
Sequence No. 32

Name(s) shown on Form 1040

Your social security number

TEST R DE LA HALO &amp; RUBY D MONDAY

400-00-7520

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 40, and go to line 2. Otherwise, enter the amount from Form 1040, line 37, and go to line 7. (If zero or less, enter as a negative amount.) . . . . .	1	84,580
2	Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 37 . . . . .	2	2,397
3	Taxes from Schedule A (Form 1040), line 9 . . . . .	3	1,556
4	Enter the home mortgage interest deduction, if any, from line 6 of the worksheet on page 2 of the instructions . . . . .	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26 . . . . .	5	
6	If Form 1040, line 37, is over \$142,700 (over \$71,350 if married filing separately), enter the amount from line 9 of the <b>Itemized Deductions Worksheet</b> on page A-6 of the Schedule A (Form 1040) instructions . . . . .	6	( )
7	Tax refund from Form 1040, line 10 or line 21 . . . . .	7	( )
8	Investment interest expense (difference between regular tax and AMT) . . . . .	8	
9	Depletion (difference between regular tax and AMT) . . . . .	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount . . . . .	10	
11	Interest from specified private activity bonds exempt from the regular tax . . . . .	11	
12	Qualified small business stock (7% of gain excluded under section 1202) . . . . .	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income) . . . . .	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), line 9) . . . . .	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) . . . . .	15	
16	Disposition of property (difference between AMT and regular tax gain or loss) . . . . .	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . . . . .	17	
18	Passive activities (difference between AMT and regular tax income or loss) . . . . .	18	
19	Loss limitations (difference between AMT and regular tax income or loss) . . . . .	19	
20	Circulation costs (difference between regular tax and AMT) . . . . .	20	
21	Long-term contracts (difference between AMT and regular tax income) . . . . .	21	
22	Mining costs (difference between regular tax and AMT) . . . . .	22	
23	Research and experimental costs (difference between regular tax and AMT) . . . . .	23	
24	Income from certain installment sales before January 1, 1987 . . . . .	24	( )
25	Intangible drilling costs preference . . . . .	25	
26	Other adjustments, including income-based related adjustments . . . . .	26	
27	Alternative tax net operating loss deduction . . . . .	27	( )
28	<b>Alternative minimum taxable income.</b> Combines lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see page 7 of the instructions) . . . . .	28	88,533

**Part II Alternative Minimum Tax**

29 Exemption. (If this form is for a child under age 14, see page 7 of the instructions.)					
IF your filing status is . . .	AND line 28 is not over . . .	THEN enter on line 29 . . .			
Single or head of household . . . . .	\$112,500 . . . . .	\$40,250	} . . . . .		
Married filing jointly or qualifying widow(er) . .	150,000 . . . . .	58,000		29	58,000
Married filing separately . . . . .	75,000 . . . . .	29,000			
If line 28 is <b>over</b> the amount shown above for your filing status, see page 7 of the instructions.					
30 Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here . . . . .			30	30,533	
31	<ul style="list-style-type: none"><li>● If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here.</li></ul>	} . . . . .	31	7,939	
	<ul style="list-style-type: none"><li>● <b>All others:</b> If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</li></ul>				
32 Alternative minimum tax foreign tax credit (see page 7 of the instructions) . . . . .			32		
33 Tentative minimum tax. Subtract line 32 from line 31 . . . . .			33	7,939	
34 Tax from Form 1040, line 43 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 50) . . . . .			34	7,786	
35 <b>Alternative minimum tax.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 44 . . . . .			35	153	

# Qualified Adoption Expenses

► Attach to Form 1040 or 1040A.  
► See separate instructions.

OMB No. 1545-1552

**2004**

Attachment  
Sequence No. **38**

Your social security number  
**400-00-7520**

**TEST R DE LA HALO & RUBY D MONDAY**

**Before you begin:** You need to understand the following terms. See **Definitions** in the instructions.

- **Eligible Child**
- **Employer-Provided Adoption Benefits**
- **Qualified Adoption Expenses**

**Part I Information About Your Eligible Child or Children** -You **must** complete this part. See the instructions for details, including what to do if you need more space.

1	(a) Child's name		(b) Child's year of birth	Check if child was -			(f) Child's identifying number
	First	Last		(c) born before 1987 and was disabled	(d) a child with special needs	(e) a foreign child	
Child 1	ARCHIBALD	DE LA HALO	1992	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	900-93-7020
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Caution:** If the child was a foreign child, see **Special Rules** in the instructions for line 1, column (e), before you complete Part II or Part III. If you received **employer-provided adoption benefits**, complete Part III on page 2 next.

**Part II Adoption Credit**

**Before you begin:** If you are filing Form 1040 and claiming the mortgage interest credit (see the instructions for Form 1040, line 53), complete **Form 8396**, Mortgage Interest Credit.

	Child 1	Child 2	
2 Maximum credit per child . . . . .	2 10,390		
3 Did you file Form 8839 for a prior year? <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> See the instructions for the amount to enter. } 3			
4 Subtract line 3 from line 2 . . . . .	4 10,390		
5 Enter your total <b>qualified adoption expenses</b> (see instructions) . . . . .	5 5,000		
<b>Caution:</b> Your qualified adoption expenses may not be equal to the adoption expenses you paid in 2004.			
6 Enter the <b>smaller</b> of line 4 or line 5 . . . . .	6 5,000		
7 Add the amounts on line 6. If zero, skip lines 8 through 11 and enter -0- on line 12 . . . . .			7 5,000
8 Enter your modified adjusted gross income (see instructions) . . . . .	8 95,860		
9 Is line 8 more than \$155,860? <input checked="" type="checkbox"/> <b>No.</b> Skip lines 9 and 10, and enter -0- on line 11. <input type="checkbox"/> <b>Yes.</b> Subtract \$155,860 from line 8 . . . . .	9		
10 Divide line 9 by \$40,000. Enter the result as a decimal (rounded to at least three places). Do not enter more than "1.000" . . . . .			10 X
11 Multiply line 7 by line 10 . . . . .			11
12 Subtract line 11 from line 7 . . . . .			12 5,000
13 Credit carryforward from prior years. Enter the amount, if any, from line 23 of your <b>Credit Carryforward Worksheet</b> on page 4 of the <b>2003</b> Form 8839 instructions . . . . .			13
14 Add lines 12 and 13 . . . . .			14 5,000
15 Enter the amount from Form 1040, line 45, or Form 1040A, line 28 . . . . .	15 7,939		
16 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 46 through 51, plus any mortgage interest credit from Form 8396, line 11. } <b>1040A filers:</b> Enter the total of the amounts from Form 1040A, lines 29 through 33. } 16	16		
17 Subtract line 16 from line 15 . . . . .			17 7,939
18 <b>Adoption credit.</b> Enter the smaller of line 14 or line 17 here and on Form 1040, line 52, or Form 1040A, line 34. If line 17 is smaller than line 14, you may have a credit carryforward (see instructions) . . . . .			18 5,000



## Additional Child Tax Credit

2004

Department of the Treasury  
Internal Revenue Service (99)

Complete and attach to Form 1040 or Form 1040A.

Attachment  
Sequence No. 47

Name(s) shown on return

Your social security number

TEST R DE LA HALO &amp; RUBY D MONDAY

400-00-7520

## Part I All Filers

1	Enter the amount from line 1 of your Child Tax Credit Worksheet on page 38 of the Form 1040 instructions or page 37 of the Form 1040A instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication . . . . .	1	5,000
2	Enter the amount from Form 1040, line 51, or Form 1040A, line 33 . . . . .	2	2,939
3	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .	3	2,061
4a	Enter your total earned income. See the instructions . . . . .	4a	92,253
b	Nontaxable combat pay included on line 4a . . . . .	4b	
5	Is the amount on line 4a more than \$10,750? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$10,750 from the amount on line 4a. Enter the result . . . . .	5	81,503
6	Multiply the amount on line 5 by 15% (.15) and enter the result . . . . . <b>Next.</b> Do you have three or more qualifying children? <input type="checkbox"/> <b>No.</b> If line 6 is zero, <b>stop</b> ; you cannot take this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 3 or line 6 on line 13. <input checked="" type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6	12,225

## Part II Certain Filers Who Have Three or More Qualifying Children

7	Enter the total of the withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions . . . . .	7	
8	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 30 and 58, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 62. <b>1040A filers:</b> Enter -0-.	8	
9	Add lines 7 and 8 . . . . .	9	
10	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 65a and 66. <b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see the instructions).	10	
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11	
12	Enter the <b>larger</b> of line 6 or line 11 here . . . . . <b>Next,</b> enter the <b>smaller</b> of line 3 or line 12 on line 13.	12	

## Part III Your Additional Child Tax Credit

13	This is your additional child tax credit . . . . .	13	2,061
----	--	----	-------

Enter this amount on  
Form 1040, line 67, or  
Form 1040A, line 42.

# Moving Expenses

► Attach to Form 1040.

OMB No. 1545-0062

**2004**

Attachment  
Sequence No. **62**

Your social security number

**400-00-7520**

**TEST R DE LA HALO & RUBY D MONDAY**

- Before you begin:**
- See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
  - If you are a member of the Armed Forces, see the instructions to find out how to complete this form.

<b>1</b> Enter the amount you paid for transportation and storage of household goods and personal effects (see instructions) . . . . .	<b>1</b>	<b>500</b>
<b>2</b> Enter the amount you paid for travel and lodging in moving from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	<b>763</b>
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	<b>1,263</b>
<b>4</b> Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in the wages box (box 1) of your Form W-2. This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	<b>4</b>	<b>1,000</b>
<b>5</b> Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7.  <input checked="" type="checkbox"/> <b>Yes. Moving expense deduction.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 29 . . . . .	<b>5</b>	<b>263</b>

## General Instructions

### What's New

For 2004, the standard mileage rate for using your vehicle to move to a new home is 14 cents a mile.

### Purpose of Form

Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see Pub. 521, Moving Expenses.

### Who May Deduct Moving Expenses

If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance test and time test that follow.

### Distance Test

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.

**TIP**

To see if you meet the distance test, you can use the worksheet below.

## Distance Test Worksheet

Keep a Copy for Your Records

**TIP**

Members of the Armed Forces may not have to meet this test. For details, see the instructions for this form.

1. Enter the number of miles from your **old home** to your **new workplace** . . . . . 1. 1,100 miles
2. Enter the number of miles from your **old home** to your **old workplace** . . . . . 2. 12 miles
3. Subtract line 2 from line 1. If zero or less, enter -0- . . . . . 3. 1,088 miles

**Is line 3 at least 50 miles?**

☒ **Yes.** You meet this test.

☐ **No.** You do not meet this test. You **cannot** deduct your moving expenses. **Do not** complete Form 3903.

00-561332-07520-5

IRS Use Only - Do not write or staple in this space.

Form **8453****U.S. Individual Income Tax Declaration  
for an IRS e-file Return**

OMB No. 1545-0936

For the year January 1-December 31, 2004

**2004**Department of the Treasury  
Internal Revenue Service

▶ See instructions.

Use the  
IRS label.  
Otherwise,  
please  
print or  
type.L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

**TEST R**

Last name

**DE LA HALO**

Your social security number

**400-00-7520**

If a joint return, spouse's first name and initial

**RUBY D**

Last name

**MONDAY**

Spouse's social security number

**400-00-7590**

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

**7 HEAVENS LN**

City, town or post office, state, and ZIP code

**TUCSON, AZ 85701**▲ **Important!** ▲  
You **must** enter  
your SSN(s) above.

Daytime phone number

**520-349-5959****Part I Tax Return Information** (Whole dollars only)

1	Adjusted gross income (Form 1040, line 37; Form 1040A, line 22; Form 1040EZ, line 4)	1	<b>95,860</b>
2	Total tax (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 10)	2	<b>1,615</b>
3	Federal income tax withheld (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 7)	3	<b>10,878</b>
4	Refund (Form 1040, line 72a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	<b>12,022</b>
5	Amount you owe (Form 1040, line 74; Form 1040A, line 47; Form 1040EZ, line 12)	5	

**Part II Declaration of Taxpayer** (Sign only after Part I is completed.) **Be sure to keep a copy of your tax return.**6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2004 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.b ☒ I do not want direct deposit of my refund or I am not receiving a refund.c ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to subsequent Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate subsequent payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2004, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return, and (d) the date of any refund.

**Sign  
Here**

Your signature

Date

Spouse's signature. If a joint return, **both** must sign.

Date

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (See instructions.)I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in **Pub. 1345**, Handbook for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
				<b>111-11-1111</b>
Use Only	Firm's name (or yours if self-employed), address, and ZIP code	EIN		
	<b>DRAKE SOFTWARE</b> <b>235 E PALMER STREET</b> <b>FRANKLIN, NC 28734</b>	<b>56-1494243</b>		
		Phone no.		
		<b>828-524-8020</b>		

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN		
		Phone no.		

For Paperwork Reduction Act Notice, see instructions.

EEA

Form **8453** (2004)

**Excess Social Security Tax Withheld  
Worksheet - 1040, Line 64**  
(Keep for your records)

**2004**

Name

**RUBY D MONDAY**

SSN

**400-00-7590**

If you are filing a joint return, you must figure any excess tax withheld separately for each spouse. DO NOT combine amount of both husband and wife.

1. Add all social security tax withheld but not more than \$5,394.00 for each employer. This tax should be shown in box 4 of your W-2 forms. Enter the total here . . . . . 1. 5,648
2. Enter any uncollected social security tax on tips or group-term life insurance included in the total on Form 1040, line 56 . . . . . 2. \_\_\_\_\_
3. Add lines 1 and 2. If \$5,394.00 or less stop here; you do not have any excess social security tax withheld . . . . . 3. 5,648
4. Social security tax limit . . . . . 4. 5394
5. **Excess social security tax withheld.** Subtract line 4 from line 3. Enter the result here and on Form 1040, line 64 . . . . . 5. 198

Name(s) as shown on return	Your social security number
TEST R DE LA HALO & RUBY D MONDAY	400-00-7520

**Before you begin:** • Complete the Taxable Earned Income Worksheet on page 7 or 8 that applies to you.

**CAUTION!** Use this worksheet only if you answered "Yes" on line 13 of the Child Tax Credit Worksheet on page 4.

1.	Enter the amount from line 10 of the Child Tax Credit Worksheet on page 3.	1	<u>5,000</u>
2.	Enter your taxable earned income from the worksheet on page 7 or 8 that applies to you.	2	<u>92,253</u>
3.	Is the amount on line 2 more than \$10,750?		
	<input type="checkbox"/> <b>No.</b> Leave line 3 blank, enter -0- on line 4, and go to line 5.		
	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$10,500 from the amount on line 2. Enter the result.	3	<u>81,503</u>
4.	Multiply the amount on line 3 by 10% (.10) and enter the result.	4	<u>8,150</u>
5.	Is the amount on line 1 of the Child Tax Credit Worksheet on page 3 \$3,000 or more?		
	<input type="checkbox"/> <b>No.</b> If line 4 above is zero, <b>stop.</b> Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet on page 4 and do the following. Enter the amount from line 10 on line 11 and complete lines 12 and 13. Otherwise, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below.		
	<input checked="" type="checkbox"/> <b>Yes.</b> If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, see 1040 Filers and 1040A Filers on page 6 and then go to line 6.		
6.	Enter the total of the following amounts from Form(s) W-2:	6	
	• Social security taxes from box 4, and		
	• Medicare taxes from box 6.		
	Railroad employees, see the bottom of page 6.		
7.	<b>1040 Filers.</b> Enter the total of any -	7	
	• Amounts from Form 1040, lines 29 and 56, and		
	• Uncollected social security and Medicare or tier 1 RRTA taxes shown in box 12 of your Form(s) W-2 with codes A, B, M, and N.		
	<b>1040A Filers.</b> Enter -0-.		
8.	Add lines 6 and 7. Enter the total.	8	
9.	<b>1040 Filers.</b> Enter the total of the amounts from Form 1040, lines 63 and 64.	9	
	<b>1040A Filers.</b> Enter the total of any -		
	• Amount from Form 1040A, line 41, and		
	• Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 43.		
10.	Subtract line 9 from line 8. If the result is zero or less, enter -0-.	10	
	Go to line 11.		
11.	Enter the <b>larger</b> of line 4 or line 10.	11	<u>8,150</u>
12.	Is the amount on line 11 of this worksheet more than the amount on line 1?		
	<input type="checkbox"/> <b>No.</b> Subtract line 11 from line 1. Enter the result.		
	<input checked="" type="checkbox"/> <b>Yes.</b> Enter -0-.	12	
	<b>Next</b> , figure the amount of any of the following credits that you are claiming. Use the amount from line 12 above when you are asked to enter the amount from Form 1040, line 49, or Form 1040A, line 33.		
	• Adoption credit, Form 8839		
	• Mortgage interest credit, Form 8396		
	• District of Columbia first-time homebuyer credit, Form 8859		
	Then, go to line 13.		
13.	Enter the total of the amounts from -	13	<u>5,000</u>
	• Form 8839, line 18, and		
	• Form 8396, line 11, and		
	• Form 8859, line 11.		
14.	Enter the amount from line 12 of the Child Tax Credit Worksheet on page 4.	14	
15.	Add lines 13 and 14. Enter the total.	15	<u>5,000</u>

Enter this amount on line 13 of the Child Tax Credit Worksheet on page 4.

## Child Tax Credit Worksheet

Keep for your records.

Name(s) as shown on return

Your social security number

TEST R DE LA HALO &amp; RUBY D MONDAY

400-00-7520

**Before you begin:**

If you received (before offset) an advance payment of the child tax credit and you filed a joint return for 2003, you and your spouse are each considered to have received one-half of the payment.

If you received Notice 1319, have it available. The notice shows the amount of your advance payment (before offset). If you do not have Notice 1319, you check the amount of your advance payment (before offset) on the IRS website at [www.irs.gov](http://www.irs.gov). You will need to enter your SSN, your 2003 filing status, and the total number of exemptions you claimed on line 6d of your 2003 Form 1040 or Form 1040A.

<b>Part 1</b>	1.	Number of qualifying children: <u>5</u> X \$1,000. Enter the result.	1	<u>5,000</u>
	2.	Enter the amount, if any, of your advance child tax credit (before offset).	2	<u>                    </u>
	3.	Is line 1 less than line 2? <input type="checkbox"/> <b>Yes. STOP</b> You cannot take this credit. If line 2 is more than line 1, you do not have to pay back the difference.		
		<input checked="" type="checkbox"/> <b>No.</b> Subtract line 2 from line 1.	3	<u>5,000</u>
	4.	Enter the amount from Form 1040, line 35, or Form 1040A, line 22.	4	<u>95,860</u>
	5.	<b>1040 Filers.</b> Enter the total of any - <ul style="list-style-type: none"> <li>● Exclusion of income from Puerto Rico, and</li> <li>● Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul> <b>1040A Filers.</b> Enter -0-.	5	<u>                    </u>
	6.	Add lines 4 and 5. Enter the total.	6	<u>95,860</u>
	7.	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>● Married filing jointly - \$110,000</li> <li>● Single, head of household, or qualifying widow(er) - \$75,000</li> <li>● Married filing separately - \$55,000</li> </ul>	7	<u>110,000</u>
	8.	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> <b>No.</b> Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 6. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.).	8	<u>                    </u>
	9.	Multiply the amount on line 8 by 5% (.05). Enter the result.	9	<u>0</u>
10.	Is the amount on line 3 more than the amount on line 9? <input type="checkbox"/> <b>No. STOP</b> You cannot take the child tax credit on Form 1040, line 49, or Form 1040A, line 33. You also cannot take the additional child tax credit on Form 1040, line 65, or Form 1040A, line 42. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 9 from line 3. Enter the result. Go to Part 2.	10	<u>5,000</u>	

<b>Part 2</b>	11.	Enter the amount from Form 1040, line 43, or Form 1040A, line 28.	11	<u>7,939</u>																													
	12.	Add the amounts from - <table border="0"> <tr> <td><b>Form 1040</b></td> <td><b>or</b></td> <td><b>Form 1040A</b></td> <td></td> </tr> <tr> <td>Line 44</td> <td></td> <td>Line 29</td> <td>+ <u>                    </u></td> </tr> <tr> <td>Line 45</td> <td></td> <td>Line 30</td> <td>+ <u>                    </u></td> </tr> <tr> <td>Line 46</td> <td></td> <td>Line 31</td> <td>+ <u>                    </u></td> </tr> <tr> <td>Line 47</td> <td></td> <td>Line 32</td> <td>+ <u>                    </u></td> </tr> <tr> <td>Line 48</td> <td></td> <td></td> <td>+ <u>                    </u></td> </tr> <tr> <td colspan="3">Enter the total.</td> <td>12</td> <td><u>                    </u></td> </tr> </table>	<b>Form 1040</b>	<b>or</b>	<b>Form 1040A</b>		Line 44		Line 29	+ <u>                    </u>	Line 45		Line 30	+ <u>                    </u>	Line 46		Line 31	+ <u>                    </u>	Line 47		Line 32	+ <u>                    </u>	Line 48			+ <u>                    </u>	Enter the total.			12	<u>                    </u>		
	<b>Form 1040</b>	<b>or</b>	<b>Form 1040A</b>																														
	Line 44		Line 29	+ <u>                    </u>																													
	Line 45		Line 30	+ <u>                    </u>																													
	Line 46		Line 31	+ <u>                    </u>																													
	Line 47		Line 32	+ <u>                    </u>																													
	Line 48			+ <u>                    </u>																													
	Enter the total.			12	<u>                    </u>																												
	13.	Are you claiming any of the following credits? <ul style="list-style-type: none"> <li>● Adoption credit, Form 8839</li> <li>● Mortgage interest credit, Form 8396</li> <li>● District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input type="checkbox"/> <b>No.</b> Enter the amount from line 12. <input checked="" type="checkbox"/> <b>Yes.</b> Complete the Line 13 Worksheet to figure the amount to enter here. }	13	<u>5,000</u>																													
14.	Subtract line 13 from line 11. Enter the result.	14	<u>2,939</u>																														
15.	Is the amount on line 10 of this worksheet more than the amount on line 14? <input type="checkbox"/> <b>No.</b> Enter the amount from line 10. <input checked="" type="checkbox"/> <b>Yes.</b> Enter the amount from line 14. See the <b>TIP</b> below. } <b>This is your child tax credit.</b>	15	<u>2,939</u>																														

**TIP**

You may be able to take the **additional child tax credit** on Form 1040, line 65, or Form 1040A, line 42, only if you answered "Yes" on line 15.

- First, complete your Form 1040 through line 64, or Form 1040A through line 41.
- Then, use Form 8812 to figure any additional child tax credit.

Enter this amount on Form 1040, line 49, or Form 1040A, line 33.

**Worksheet B  
Form 1040****Earned Income Credit (EIC)--Line 63****2004**

Name(s) as shown on return

(Keep for Your Records)

Your social security number

**TEST R DE LA HALO****400-00-7520****Part 1****Self-Employed,  
Members of the  
Clergy, and  
People With  
Church  
Employee  
Income Filing  
Schedule SE****1a.** Enter the amount from Schedule SE, Section A, line 3, or  
Section B, line 3, whichever applies.**1a** 11,262**b.** Enter any amount from Schedule SE, Section B, line 4b and line 5a.

+

**1b****c.** Combine lines 1a and 1b.

=

**1c** 11,262**d.** Enter the amount from Schedule SE, Section A, line 6, or  
Section B, line 13, whichever applies.

-

**1d** 796**e.** Subtract line 1d from 1c.

=

**1e** 10,466**Part 2****Self-Employed  
NOT Required  
To File  
Schedule SE**For example, your  
net earnings from  
self-employment  
were less than \$400.**2.** Do not include on these lines any statutory employee income or any amount exempt from  
self-employment tax as the result of the filing and approval of Form 4029 or Form 4361.**a.** Enter any net farm profit or (loss) from Schedule F, line 36, and from farm  
partnerships, Schedule K-1 (Form 1065), line 15a\*.**2a****b.** Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ,  
line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and  
Schedule K-1 (Form 1065-B), box 9\*.

+

**2b****c.** Combine lines 2a and 2b.

=

**2c**\*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A.  
Put your name and social security number on Schedule SE and attach it to your return.**Part 3****Statutory  
Employees  
Filing Schedule  
C or C-EZ****3.** Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that  
you are filing as a statutory employee.**3****Part 4****All Filers Using  
Worksheet B****Note.** If line 4a  
includes income on  
which you should  
have paid self-  
employment tax but  
did not, we may  
reduce your credit by  
the amount of  
self-employment tax  
not paid.**4a.** Combine lines 1e, 2c, 3 and 4a. **This is your total earned income.****4a** 10,466

**Worksheet B  
Form 1040****Earned Income Credit (EIC)--Line 63****2004**

(Keep for Your Records)

Name(s) as shown on return

Your social security number

RUBY D MONDAY

400-00-7590

**Part 1****Self-Employed,  
Members of the  
Clergy, and  
People With  
Church  
Employee  
Income Filing  
Schedule SE****1a.** Enter the amount from Schedule SE, Section A, line 3, or  
Section B, line 3, whichever applies.

1a 899

**b.** Enter any amount from Schedule SE, Section B, line 4b and line 5a.

+

1b

**c.** Combine lines 1a and 1b.

=

1c 899

**d.** Enter the amount from Schedule SE, Section A, line 6, or  
Section B, line 13, whichever applies.

-

1d 12

**e.** Subtract line 1d from 1c.

=

1e 887

**Part 2****Self-Employed  
NOT Required  
To File  
Schedule SE**For example, your  
net earnings from  
self-employment  
were less than \$400.**2.** Do not include on these lines any statutory employee income or any amount exempt from  
self-employment tax as the result of the filing and approval of Form 4029 or Form 4361.**a.** Enter any net farm profit or (loss) from Schedule F, line 36, and from farm  
partnerships, Schedule K-1 (Form 1065), line 15a\*.

2a

**b.** Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ,  
line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and  
Schedule K-1 (Form 1065-B), box 9\*.

+

2b

**c.** Combine lines 2a and 2b.

=

2c

\*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A.  
Put your name and social security number on Schedule SE and attach it to your return.**Part 3****Statutory  
Employees  
Filing Schedule  
C or C-EZ****3.** Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that  
you are filing as a statutory employee.

3

**Part 4****All Filers Using  
Worksheet B****Note.** If line 4a  
includes income on  
which you should  
have paid self-  
employment tax but  
did not, we may  
reduce your credit by  
the amount of  
self-employment tax  
not paid.**4a.** Combine lines 1e, 2c, 3 and 4a. **This is your total earned income.**

4a 887



**State and Local Income Tax Refund Worksheet**  
**This amount will carry to next year's screen 3 with**  
**a V in front of it.**

**2004**

Name(s) as shown on Form 1040

SSN

**TEST R DE LA HALO & RUBY D MONDAY**

**400-00-7520**

1. Enter the income tax refund from **Form(s) 1099-G** (or similar statement). But **do not** enter more than the amount on your 2004 Schedule A (Form 1040), line 5 . . . . . 1. 1,273
2. Enter your total allowable itemized deductions from your 2004 Schedule A (Form 1040), line 28 . . . . . 2. 11,280
- Note.** If the filing status on your 2004 Form 1040 was married filing separately and your spouse itemized deductions in 2004, skip lines 3, 4, and 5, and enter the amount from line 2 on line 6.
3. Enter the amount shown below for the filing status claimed on your **2004** Form 1040.
  - Single - \$4,850
  - Married filing jointly, or qualifying widow(er) - \$9,700
  - Married filing separately - \$4,850
  - Head of household - \$7,150    . . . . . 3. 9,700
4. Did you fill in line 38a on your 2004 Form 1040?
  - ☒ **No.** Enter -0-.
  - ☐ **Yes.** Multiply the number in the box on line 37a of your 2004 Form 1040 by: \$950 if your 2003 filing status was married filing jointly or separately or qualifying widow(er); \$1,200 if your 2004 status was single or head of household.    4. \_\_\_\_\_
5. Add lines 3 and 4 . . . . . 5. 9,700
6. Is the amount on line 5 less than the amount on line 2?
  - No.** **STOP** None of your refund is taxable.
  - Yes.** Subtract line 5 from line 2 . . . . . 6. 1,580
7. **Taxable part of your refund.** Enter the **smaller** of line 1 or line 6 here . . . . . 7. 1,273